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**115 West Elm**  
Lava Hot Springs, Idaho

**Phone 208-776-5820**  
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## Short Term Rental Permit Application – Commercial Zone

A short-term permit is required to operate a short-term rental business within the City of Lava Hot Springs, Idaho. Fill out application completely and legible. Failure to do so will result in your application being returned. The short-term permit is active for the calendar year, expiring on December 31 of each year. A new short-term rental permit is required to continue business in the New Year. Fees will not be prorated, non-refundable or transferable.

Each short-term rental application must be accompanied by applications for business license and sign permit.

*Short-Term Rentals are regulated by Ordinance 2025-08. A Business License does not authorize short-term rental use. An STR permit is required prior to advertising or occupancy.*



New Permit



Permit Renewal

Owner: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # and/or Driver's license #: \_\_\_\_\_

Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Preferred method of correspondence ☐ Email ☐ Postal Service

Idaho State ID #: \_\_\_\_\_ Taxpayer ID #: \_\_\_\_\_  
(Idaho State Tax Commission permit # or Idaho Contractor Registration #) (FIN or EIN)

**Is this business a Short-Term Rental (STR) as defined by City Ordinance 2025-08?**

Yes ☐ No ☐

If yes, please complete all of the following:

• Maximum overnight occupancy: \_\_\_\_\_

• Number of bedrooms: \_\_\_\_\_

• Local responsible party (24/7 contact):

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

• Owner resides on-site: Yes ☐ No ☐

• Type of STR:

☐ Owner-Occupied

☐ Non-Owner Occupied

• Does the property contain multiple dwelling units? Yes ☐ No ☐

If yes, number of units: \_\_\_\_\_

**STR COMPLIANCE ACKNOWLEDGEMENT (Required for all STR permits)**

I acknowledge that approval of a City of Lava Hot Springs short-term rental permit does not authorize operation of a Short-Term Rental unless all requirements of Ordinance 2025-08 have been satisfied and a valid Short-Term Rental Permit has been issued.

I understand that violations may result in citation, fines, suspension, or revocation of my business license and/or STR permit.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Mail to: City of Lava Hot Springs  
PO Box 187  
Lava Hot Springs, ID 83246*

.....  
*Office Use Only*

Date Application Received: \_\_\_\_\_

Application Complete: Yes ☐ No ☐

Inspections Completed: Yes ☐ No ☐ Approved Occupancy #: \_\_\_\_\_

STR Permit # \_\_\_\_\_

Approval Date: \_\_\_\_\_

STR Permit Fee: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Receipt #: \_\_\_\_\_

\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*(MAYOR)*

\_\_\_\_\_  
*(CITY CLERK)*

Checkbox	Requirements	Description	City Notes
<input type="checkbox"/>	03.05.040 3.a.1 Inspections	Proof of satisfactory building inspection, conducted by the city or its designated inspector, verifying compliance with all applicable safety, health, and occupancy standards.	
<input type="checkbox"/>	03.05.040 3.a.2 Floor / Site Plans	A complete building floor plan and site plan of the rental property, indicating all sleeping areas, exits, parking spaces, and exterior features relevant to guest use and safety.	
<input type="checkbox"/>	03.05.040 3.a.3 Liability Insurance	Proof of current liability insurance covering the short-term rental use, with coverage amounts meeting or exceeding the minimum standards established by the city.	
<input type="checkbox"/>	03.05.040 3.a.4 Ownership	Written certification showing who are the owners of record for the property at issue. If the property is owned by a Trust, a copy of the trust certificate or other documentation showing ownership or right to control shall be provided. If the property is owned by a corporation, limited liability company, partnership (general or limited), or some other form of legal entity, a copy of the articles of organization or incorporation, and most recent annual report, filed with the secretary of state in whichever state the entity was organized or incorporated shall be provided	
<input type="checkbox"/>	03.05.040 3.a.5 Local Contact	Local contact information for a representative, owner, or agent available to respond to guest inquiries, complaints, and emergencies 24 hours a day.	
<input type="checkbox"/>	03.05.040 3.a.6 Fee Payment	Payment of the application fee, as established by resolution of the city council, is non-refundable and due at the time of application submission	
<input type="checkbox"/>	03.05.040 3.a.7 Non-property Tax	Completion of Non-Property Tax documentation in accordance with current City Ordinance.	
<input type="checkbox"/>	03.05.060 1.a Occupancy Limits	The maximum occupancy for any permitted STR unit shall be limited to two (2) guests per bedroom, plus two (2) additional guests regardless of the number of bedrooms.	
<input type="checkbox"/>	03.05.060 2.a Parking Requirements	Each permitted short-term rental unit shall provide a minimum of two (2) off-street parking spaces for exclusive use by occupants and their guests.	